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TRANSMITTAL FORM

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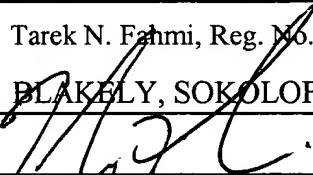
		Application No.	09/328,983
		Filing Date	June 9, 1999
		First Named Inventor	Anders Richard Wallgren
		Art Unit	3625
		Examiner Name	Garg, Yogesh C.
Total Number of Pages in This Submission	12	Attorney Docket Number	5676P009

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; min-height: 40px;"> Notice of Appeal Postcard </div>
Remarks		

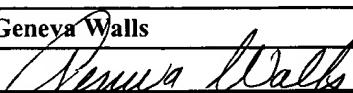
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

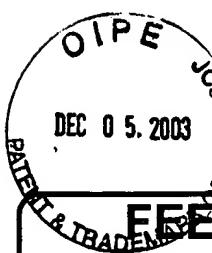
Firm or Individual name	Tarek N. Fahmi, Reg. No. 41,402 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	12/1/03

CERTIFICATE OF MAILING/TRANSMISSION

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Based on PTO/SB/21 (08-03) as modified by Blakely, Sokoloff, Taylor & Zafman (wlr) 09/11/2003.
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DEC 05, 2003

**EE TRANSMITTAL
for FY 2003**

Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$ 330.00)

Attorney Docket No. 56761-009

METHOD OF PAYMENT (check all that apply)

<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None
<input checked="" type="checkbox"/> Deposit Account				

Deposit
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Number **02-2666**

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Charge any additional fee(s) required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

Charge fee(s) indicated below, except for the filing fee
to the above-identified deposit account

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity				
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)				(\$)	

2. EXTRA CLAIM FEES

Total Claims		Claims	below	Fee Paid
Independent Claims		22**	=	
Multiple Dependent		5	=	

Large Entity		Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple Dependent claim, if not paid
1204	86	2204	43	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over

Enter number previously paid, if greater. For Reissues, see below.

SUBMITTED BY

Submitted by (Print/Type) Parek N. Fahmi Registration No. (Attorney/Agent) 41,402 Complete (if applicable) Telephone (408) 947-8200
Signature Parek N. Fahmi Date 12/1/93

Page 1 of 1 Date _____

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